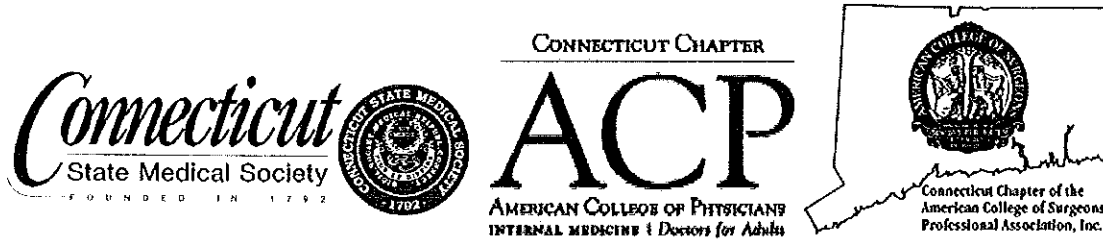


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Connecticut State Medical Society Testimony in Support of Senate Bill 861 An Act
Concerning The Modernization Of Certain Medical Forms.
Insurance and Real Estate Committee
February 19, 2013

Senator Crisco, Representative Megna and members of the Insurance and Real Estate Committee, on behalf of the almost 8,500 physicians and physician-in-training members of Connecticut State Medical Society (CSMS) and the Connecticut Chapters of the American College of Physicians (ACP) and the American College of Surgeons (ACS) thank you for the opportunity to present this testimony to you today in support of **Senate Bill 861 AAC The Modernization of Certain Medical Forms**. The legislation before you today includes two positive and much needed amendments to current standards in contracting statutes.

First, Section 1(a) 2 of Senate Bill 861 appropriately expands current state statutes in Section 38a-591c regarding the requirement for health carriers to make available to paneled providers its established clinical review criteria. At a time when the electronic exchange of information is standard and saves costs to the healthcare system, SB 861 requires health insurers and other entities to make the clinical review criteria available "electronically to health care professionals with which such carrier has contracted to provide health care services to its covered persons." In many situations, the need for a physician and his/her patient to make determinations of healthcare services must be made immediately or urgently. Often decisions regarding medically necessary care are determined not by physicians but by authorized coverage established by clinical review by the health insurer. The need for physicians to understand and review the health insurer applied criteria is critical in determining care options, especially when medical care is urgently needed by the patient. Health insurers have the capabilities to communicate electronically to physicians and other health care providers and professionals and must be required to do so in a day and age when emails and text messages are sent real time.

In addition, SB 861 sets in place a requirement for the Commissioner of the Connecticut Insurance Department to develop a uniform prior authorization form for all health care services, including but not limited to health care professional office visits, prescription drug benefits, and imaging and other diagnostic or laboratory tests.

To understand the importance of a single prior authorization form, one must understand the incredible cost, drain on resources, and complexity of the current system of prior authorization.

According to a 2010 study by the American Medical Association (AMA) on the impact of prior authorization policies on patient care, physician offices spend 20 hours a week on insurer administrative tasks, 69% of physicians wait several days for a response to a prior authorization request and 67% of physicians have difficulty determining which medications require prior authorization. To further highlight this issue of administrative burden and reduction in access to care for patients, in the case of prescribed medicines, not including the other aforementioned areas, 640 forms exist in the state of Connecticut. One has to ask themselves: (1) what major difference exist and are necessary on these forms and (2) how much time and financial resources are being spent simply clearing hurdles and barriers put in place by health insurers that could be spent on direct patient care? Imagine how many more patients a physician could see if these administrative barriers and burdens were lifted from their shoulders and those of their administrative and clinical staff.

The law before you today requires the Commissioner to seek input from health care professions. We offer that our organizations are ready and able to assist this committee in crafting the best legislation possible and working with the Commissioner and the health insurers to accomplish the goal of one standard authorization form.

Please support SB 861.